

www.mass.gov/abcc

LICENSE NUM	BER: 056600003		CITY OR TOWN IPSWICH	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAM	ME: P. K. FOODS,II	NC.		
DOING BUSINI	ESS A IPSWICH HO	USE OF PIZZA		
ADDRESS 18 C	ENTRAL STREET			
CITY/TOWN:	IPSWICH	STATE: MA	ZIP CODE: 01938	
MANAGER: S	SHQEPA,ORION 7	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PRE			
	WITH ENTRANCE/E ASEMENT FOR STO		ALT AND WINE. REAR FIR	ST
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	newed license will be	of the same type for the	same premises now licensed;	
2. the lie	censee has complied v	vith all laws of the Comm	nonwealth relating to taxes; and	
3. the pr	remises are now open	for business (If not expla	in below)	
SIGNED BY				
	Individual, Part	tner or Authorized Corpo	rate Officer	
D.A.TE				
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(1000. 1001 marviduai Sociai i	Security Number)
Acts of 2004, si	gned by the building	inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below	<u>:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiaiii)			
DATE:				



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LICENSE NUMBER	C: 056600005		CI	ITY OR TOWN	N IPSWICH	
APPLICATION FOI	R RENEWAL:	Annu	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
DOING BUSINESS		at Turner H	ill LLC			
ADDRESS 3 MANO		CT A TE	264	ZID CODE	01020	
CITY/TOWN: IPS		STATE:		ZIP CODE:	01938	
MANAGER: TAL	BOT,ROBERT TYPE	E OF LICEN	SE: Restau	irant	CATEGORY:	All Alcohol
GROUND FLOOR	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE OF CLUBHOUSE COLUNT ROOM, CENTR	ES: NSISTS OF	A LOBBY	Y VESTIBU LE		
WITH ENTRANCE CORRIDOR.	S AND EXITS LOCA	TED_AT LO)BBY, GR	RILL ROOM A	ND CENTRA	L
I hereby certify and s 1. the renew	wear under penalties of ed license will be of the ee has complied with a	e same type	for the sar	-		
	ses are now open for b			_	, 10 1411-05, 4110	
SIGNED BY	Individual, Partner of	or Authorized	l Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are indicate the building insp (2) the certificate of li	ector and tl	he head of	the fire depar	rtment for the	above
Please Check Below: APPROVED:				LOCAL LICEN By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved explain	nin)					
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	ENSEES DURIN	G THE MON7	TH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUM	MBER: 056600007		CITY OR TOWN	IPSWICH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: IPSWICH POST 109	3 V.F.W. INC.		
DOING BUSIN	TESS A			
ADDRESS 110	COUNTY ROAD			
CITY/TOWN:	IPSWICH	STATE: MA	ZIP CODE:	01938
MANAGER:	Bernard, Elmer G. TYPE	OF LICENSE:	Veterans club CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUF	E EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISE	S:		
	ON GROUND FLOOR, EXC SIST OF MEETING HALL,I FOUR EXITS.			
I hereby certify	and swear under penalties of	perjury that:		
1. the r	enewed license will be of the	e same type for the	he same premises now	licensed;
	icensee has complied with al		•	o taxes; and
3. the p	premises are now open for bu	siness (If not ex	plain below)	
SIGNED BY	Indicided Destroy	. A4h d . C	was and a Office of	
	Individual, Partner or	Aumonzeu Con	porate Officer	
DATE:			EMPLOVED	DENTIFICATION NUMBER.
DATE.	TELEPHONE 1	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			,	,,
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of lic	ector and the he	ad of the fire departi	ment for the above
Please Check Below	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	<u> </u>			
(If disapproved	expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 056600009		CITY OR TOWN IPSWICH	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	HAPPY MAY, INC	C.		
DOING BUSINESS	A MAY FLOWER I	RESTAURANT		
ADDRESS 11 DEP	OT SQ.			
CITY/TOWN: IPS	WICH	STATE: MA	ZIP CODE: 01938	
MANAGER: ZOU	J,ZONG SONG TYP	PE OF LICENSE:Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
			STORAGE IN BASEMENT. INC JARE AND FROM KITCHEN T	
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating to taxes; and	
3. the premi	ises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004, signe	d by the building ins	pector and the hea	e certificate required by Chapt d of the fire department for the trance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	-:->			
(If disapproved expl	aın <i>)</i>			
DATE:				



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LICENSE NUM	MBER: 056600012		CITY OR TOWN	IPSWICH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	ME: POLISH LEGION OF		VICH POST 92, INC	
ADDRESS 1 ES	STES ST.			
CITY/TOWN:	IPSWICH	STATE: MA	ZIP CODE:	01938
MANAGER:	TROCKI, JOHN J TYPE	OF LICENSE: Cl	ub C.	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
ONE ROOM OF REAR FOR STO KITCHEN,ONE ENTRANCE A		THREE STORY N SECOND FLOO ONE STORAGE F	OR. ONE ASSEMB	LY ROOM,
 the re the li 	and swear under penalties of enewed license will be of the icensee has complied with all premises are now open for bu	e same type for the	monwealth relating t	
SIGNED BY	Individual, Partner or	· Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, s	signed, attest that we are in igned by the building inspe and (2) the certificate of li	ector and the hea	d of the fire depart	ment for the above
Please Check Below APPROVED: DISAPPROVED (If disapproved	D:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUM	BER: 056600013		CITY OR TOWN IPSWIC	CH
APPLICATION	FOR RENEWAL	.: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAI	ME: B.D.S., INC	C.		
DOING BUSINI	ESS A RIVERVI	EW		
ADDRESS 20 E	STES ST.			
CITY/TOWN:	IPSWICH	STATE: MA	ZIP CODE: 01938	
	NEWHALL, ROBERT	TYPE OF LICENSE: Inn	holder CATEGOR	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED I	PREMISES:		
		OOR OF THREE STORY W ND TWO REAR. CELLAR F	OODEN BLDG WITH FOUR FOR STORAGE	2
I hereby certify a	and swear under p	enalties of perjury that:		
1. the re	enewed license wi	ll be of the same type for the	same premises now licensed;	
2. the lie	censee has compli	ied with all laws of the Comr	nonwealth relating to taxes; ar	nd
3. the pr	remises are now o	pen for business (If not expla	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Soci	al Security Number)
Acts of 2004, si	gned by the buil	ding inspector and the head	e certificate required by Chad of the fire department for the trance required by Chapter 1	the above
Please Check Below	·		LOCAL LICENSING AUT	TUODITY
APPROVED:	<u>-</u>		By:	THORIT I
DISAPPROVE	D:		-5.	
(If disapproved e	explain)			
DATE:				
<i>ν</i> , 11 μ,				



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LICENSE NUMBER: 056600014		CITY OR TOWN	IPSWICH	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: ST. LAWRENCE	E LITERARY SOCIET	Y		
DOING BUSINESS A				
ADDRESS 14 FAIRVIEW AVE.				
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE:	01938	
MANAGER: SMITH, ANNE T	YPE OF LICENSE: Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	IISES:			
ONE ROOM ON GROUND FLOOR V SECOND FLOOR IN THE ASSEMBL TWO STORY BLDG				IN A
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be	· -	_		
2. the licensee has complied w		C	o taxes; and	
3. the premises are now open f	or business (If not expla	in below)		
SIGNED BY		note Officer		
marviduai, Faru	er or Authorized Corpo	rate Officer		
DATE: TELEPITO		EMDL OVE		ION NI IMPED.
TELEPHC	ONE NUMBER:		R IDENTIFICAT dividual Social Se	
		,		,
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMB	ER: 056600015		CITY OR TOWN	IPSWICH
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: IPSWICH SPORT	S BAR & GRILL	E INC	
DOING BUSINES	SS A			
ADDRESS 24 HA	AMMATT ST.			
CITY/TOWN: IF	PSWICH	STATE: N	IA ZIP CODE:	01938
MANAGER: DI	MARINO, PAUL TY	PE OF LICENSE	:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMI	SES:		
2 ROOMS ON GEEXITS. CELLAR		H TWO FRONT	AND TWO REAR ENT	RANCES AND
I hereby certify an	d swear under penaltie	s of perjury that:		
		* *	the same premises now	
	•		ommonwealth relating to	o taxes; and
3. the pre	mises are now open for	business (If not e	explain below)	
SIGNED BY	Individual, Partne	r or Authorized C	orporate Officer	
	1101/10001, 1 01010	. o		
DATE:	ТЕІ ЕРНОМ	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TEEEI IIOI	E ROMBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, sign	ned by the building in	spector and the l	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(II disappioved ex	.piuii)			
DATE:				
			HE MONTH OF NOVEMBER (M	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 056600016		CITY OR TOWN	IPSWICH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME DOING BUSINESS ADDRESS 51 LINE	A 1640 HART H	CLASS		YEAR
CITY/TOWN: IPS	WICH	STATE: MA	ZIP CODE:	01938
MANAGER: LES	KO, JAMES C T	YPE OF LICENSE: Innl	nolder C.	ATEGORY: All Alcohol
EMAIL ADDRESS		WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
THIRD) CELLAR U I hereby certify and 1. the renew 2. the license	URANT; 3 FLOOI USED FOR STORA swear under penalt wed license will be see has complied w	RS (5 ROOMS ON FIR AGE; TWO ENTRANCI	same premises now	ITS licensed;
SIGNED BY	Individual, Partr	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building	inspector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
01 2010.				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY



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	CII	Y OR TOWN IPSWICH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: CHOATE BRIDGE	E PUB, INC.		
DOING BUSINESS A			
ADDRESS 3 SOUTH MAIN ST			
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE: 01938	
MANAGER: MCLEOD, TYI	PE OF LICENSE: Restaura	nt CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL AI	DDRESS	_
DESCRIPTION OF LICENSED PREMIS			
TWO ROOMS ON THE FIRST FLOOR KITCHEN ON ONE FLOOR OF A THR		LAR USED FOR STORAG	GE.
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the same	premises now licensed;	
2. the licensee has complied with	all laws of the Commonw	ealth relating to taxes; and	
3. the premises are now open for	business (If not explain be	elow)	
SIGNED BY			
	or Authorized Corporate (Officer	
	r or Authorized Corporate (Officer	
Individual, Partner	r or Authorized Corporate (Officer	
Individual, Partner	r or Authorized Corporate (EMPLOYER IDENTIFICAT	
Individual, Partner			
Individual, Partner	IE NUMBER: e in possession (1) the cert spector and the head of the	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the	er 304 of the above
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below:	TE NUMBER: e in possession (1) the cert spector and the head of the filips of the spector is the second contract.	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the	er 304 of the above of the Acts
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	TE NUMBER: e in possession (1) the cert spector and the head of the filips of the spector is the second contract.	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the e required by Chapter 116	er 304 of the above of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: e in possession (1) the cert spector and the head of tl f liquor liability insurance	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the e required by Chapter 116	er 304 of the above of the Acts
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	IE NUMBER: e in possession (1) the cert spector and the head of tl f liquor liability insurance	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the e required by Chapter 116	er 304 of the above of the Acts
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: e in possession (1) the cert spector and the head of tl f liquor liability insurance	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S ifficate required by Chapt ne fire department for the e required by Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 056600020		CITY C	OR TOWN	IPSWICH	
APPLICATION FO	OR RENEWAL:	Annua	վ	LICENS	SED FOR 20	13
		CLAS	S		,	YEAR
DOING BUSINESS	E: MAJESTIC DRA S A WBURYPORT TPK		RANT, INC.			
CITY/TOWN: IPS	SWICH	STATE:	MA ZIP	CODE:	01938	
	OO, SHUI T' UNG	YPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDRI	ESS		
	F LICENSED PREM					
	ODEN BUILDING (swear under penalti			'H ENTRAI	NCES AND I	EXITS
2. the licen	wed license will be on see has complied with the see are now open for t	th all laws of the	Commonwealt	th relating to		
SIGNED BY	Individual, Partn	er or Authorized	Corporate Offi	icer		
DATE:	TELEPHO	NE NUMBER:	(N		. IDENTIFICATI	
Acts of 2004, sign	ed, attest that we a ed by the building i d (2) the certificate	nspector and th	e head of the f	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] □ lain)		LOCA By:	AL LICENS	ING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056600022		CITY OR TOWN IPSWICE	1
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEW ENG DOING BUSINESS A IPSWICH		IANAGEMENT, INC	
ADDRESS 148 COUNTRY CLU	B WAY		
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE: 01938	
MANAGER: SHEPHARD, JEF	F TYPE OF LICENSE: Rest	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
FOUR STORY STEEL FRAME I FUNCTION LEVEL, LOUNGE I THE BASEMENT. FIVE ENTRA ROOM LEVEL AND SERVICE.	MENS AND LADIES PRIVA	TE LOUNGE WITH STORA	GE IN
2. the licensee has comple	ll be of the same type for the s	onwealth relating to taxes; and	i
SIGNED BY Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certification of 2010.	ding inspector and the head	of the fire department for th	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: KOSCIUSKO CLUB, INC. DOING BUSINESS A ADDRESS 5 PEATFIELD ST. CITY/TOWN: IPSWICH STATE: MA ZIP CODE: 01938 MANAGER: SOUZA,DIANNE TYPE OF LICENSE:Club CATEGORY: All Alcoho EMAIL ADDRESS: FLASE ALSO VISIT OUR WEISTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN PLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number of Authorized Corporate Officer DATE: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: GIf disapproved explain)	LICENSE NUMBER: 056600023		CITY OR TOWN IPSWICH
LICENSEE NAME: KOSCIUSKO CLUB, INC. DOING BUSINESS A ADDRESS 5 PEATFIELD ST. CITY/TOWN: IPSWICH STATE: MA ZIP CODE: 01938 MANAGER: SOUZA,DIANNE TYPE OF LICENSE:Club CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VINT OUR WEINTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER:	APPLICATION FOR RENEWAL	_: Annual	LICENSED FOR 2013
DOING BUSINESS A ADDRESS 5 PEATFIELD ST. CITY/TOWN: IPSWICH STATE: MA ZIP CODE: 01938 MANAGER: SOUZA,DIANNE TYPE OF LICENSE:Club CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DATE: DATE:		CLASS	YEAR
CITY/TOWN: IPSWICH STATE: MA ZIP CODE: 01938 MANAGER: SOUZA,DIANNE TYPE OF LICENSE; Club CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [If disapproved explain)	DOING BUSINESS A	KO CLUB, INC.	
MANAGER: SOUZA, DIANNE TYPE OF LICENSE; Club CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT I			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE:	CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE: 01938
DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number and License and (2) the certificate of liquor liability insurance required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	MANAGER: SOUZA, DIANNE	TYPE OF LICENSE: Club	CATEGORY: All Alcoho
DESCRIPTION OF LICENSED PREMISES: ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number (Note: NOT) Ind	EMAIL ADDRESS:		
ONE STORY CEMENT BLOCK BLDG, STUCCO FINISH, WITH BASEMENT. ONE EXIT AND ENTRANCE ON MAIN FLOOR, ONE ENTRANCE AND EXIT IN BASEMENT. FIRST FLOOR LARGE ASSEMBLY HALL AND PLATFORM I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UI COCAL LICENSING AUTHORITY By: DISAPPROVED: UI (If disapproved explain)	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: DATE: DATE:	ENTRANCE ON MAIN FLOOR	, ONE ENTRANCE AND EX	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: By: DISAPPROVED: By: DATE:	 the renewed license wi the licensee has compl 	ill be of the same type for the s ied with all laws of the Comme	onwealth relating to taxes; and
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)		Partner or Authorized Corpor	rate Officer
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	DATE: TEL	EPHONE NUMBER:	
APPROVED: By: DISAPPROVED: Ulif disapproved explain) DATE:	Acts of 2004, signed by the buil named license and (2) the certif	ding inspector and the head	of the fire department for the above
DISAPPROVED: (If disapproved explain) DATE:	Please Check Below:		LOCAL LICENSING AUTHORITY
(If disapproved explain) DATE:			By:
	DATE:		



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LICENSE NUMBER: 0566	00025		CITY OR TOV	WN IPSWICH	
APPLICATION FOR REN	EWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: CAR	ROLLTON BUII	LDING ASSOC	CIATION, INC.		
DOING BUSINESS A TH	E CARROLLTO	N CLUB #498			
ADDRESS 9 TOPSFIELD	RD				
CITY/TOWN: IPSWICH		STATE: MA	ZIP CODE	01938	
MANAGER: LOGAN, JO JR.	OHN R. TYPE	OF LICENSE:]	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LICEN					
THREE STORY WOODEN DANCE HALL, THIRD FL				SECOND FLOO	OR
I hereby certify and swear u	nder penalties of	perjury that:			
1. the renewed lice	nse will be of the	same type for t	he same premises	now licensed;	
2. the licensee has	complied with all	laws of the Co	mmonwealth relati	ng to taxes; and	
3. the premises are	now open for bu	siness (If not ex	plain below)		
SIGNED BY					
Indiv	vidual, Partner or	Authorized Co	rporate Officer		
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICA	
			(Note: NO	Individual Social S	Security Number)
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspe	ctor and the h	ead of the fire dep	artment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J56600028		CITY OR TO	WN IPSWICH	
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 30 CENTR		LE CO,INC.			
			ZID CODI	01020	
CITY/TOWN: IPSWI		STATE: MA	ZIP CODE	E: 01938	
MANAGER: MARC RICHA	-AURELE, TY .RD DREW	PE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
ONE ROOM ON GRO STREET. CELLAR FO		A THREE STORY	BUILDING. EN	TRANCE FROM	M
2. the licensee 3. the premises	has complied with	the same type for the hall laws of the Corr business (If not exp	nmonwealth relati		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA T Individual Social (
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056600031	CITY OR TOWN IPSWICH
APPLICATION FOR RENEWAL:	unual LICENSED FOR 2013
CI	LASS YEAR
LICENSEE NAME: IPSWICH BOTTLE SHOP,IN	IC.
DOING BUSINESS A	
ADDRESS 188 HIGH ST	
CITY/TOWN: IPSWICH STATI	E: MA ZIP CODE: 01938
MANAGER: GAUTHIER, TYPE OF LICE WILLIAM A.	ENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR, STEEL BLDG. 120'WIDE BY 90' DI UTILITY ROOM AND TOILET WITH FRONT AN	
 the renewed license will be of the same ty the licensee has complied with all laws of the premises are now open for business (I 	the Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authori	zed Corporate Officer
DATE: TELEPHONE NUMBE	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056600032	2	CITY OR TOWN	IPSWICH
APPLICATION FOR RENEWA	L: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BHAVI FO	OOD MART,INC.		
DOING BUSINESS A RICHDA	LE SUPERETTE		
ADDRESS 44 MARKET STREE	ET		
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE:	01938
MANAGER:	TYPE OF LICENSE: Pa	ckage Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
SINGLE STORY, FREE STAND MARKET STREET, IPSWICH,			
3. the premises are now of SIGNED BY	lied with all laws of the Com open for business (If not exp.	lain below)	taxes, and
Individual	, Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSI By:	NG AUTHORITY
DISAPPROVED: [(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 056600033		CITY OR TOWN IPSWICE	1
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN	AME: C & J CONV NESS A DJ'S VARI WASHINGTON ST	ETY		
CITY/TOWN:		STATE: MA	ZIP CODE: 01938	
				7. XX71 1
MANAGER:	WYSOCKI, RICHARD	TYPE OF LICENSE: P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
TWO ROOMS	WITH ONE ROOM	IN REAR. ONE STORY	Y WOODEN FRAME BUILDIN	G
3. the J		en for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Belo APPROVED:	<u>DW:</u>		LOCAL LICENSING AUTI By:	HORITY
DISAPPROVE				
(If disapproved	i expiain)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056	600034		CITY OR TOWN	IPSWICH	
APPLICATION FOR REM	NEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TH	UNDER ROAD LI	QUORS, INC.			
DOING BUSINESS A IP	SWICH BEVERA	GE			
ADDRESS 00146E HIGH	ST				
CITY/TOWN: IPSWICH	[STATE: MA	ZIP CODE:	01938	
MANAGER: NOFTALI CYNTHIA		OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION OF LICE	NSED PREMISES	5:			
4500 SQ FT AT THE IPS EXITS, ONE FRONT EN					1D
3. the premises ar	_	siness (If not expl		s tares, and	
1110.	rviduai, i artiici oi	rumorized corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	050000035		CITY OR	IOWN	IPSWICH	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A IPSWICH RIVER		ORE AND DEI	I		
ADDRESS 57 EAST						
CITY/TOWN: IPSW	/ICH	STATE: N	IA ZIP C	ODE:	01938	
MANAGER: GONG DRA	CALVES,SAN TYP	E OF LICENSE	:Package Store	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF L FIRST FLOOR OF A CONNECTING. VAI	TWO STORY WOO	ES: ODEN BLDG. C	NE ROOM AN			FNT
2. the license	d license will be of the has complied with a ses are now open for be Individual, Partner of	all laws of the Cousiness (If not e	ommonwealth rexplain below)	relating t		
DATE:	TELEPHONE	E NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER	056600045		CITY OR TOWN	IPSWICH	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MACKLIN CORE	PORATION			
DOING BUSINESS A	A STONE SOUP (CAFÉ			
ADDRESS 141 HIGH	I ST				
CITY/TOWN: IPSW	/ICH	STATE: MA	ZIP CODE:	01938	
MANAGER: MAC	KLIN,STEFANTY	TPE OF LICENSE: Rest	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
	COOLER ROOM,	TING ROOM, DINING TWO RESTROOMS. N REAR			
2. the license	e has complied wit	f the same type for the shall laws of the Commr r business (If not expla	onwealth relating t		
SIGNED D1	Individual, Partne	r or Authorized Corpor	rate Officer		
DATE:			EMBLOVE		EION NI IMPER.
DATE.	TELEPHO	NE NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signed	by the building in	e in possession (1) the spector and the head f liquor liability insur	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 056600046		CITY OR TO	JWN IPSWICH	
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FORTY-NIN	E MARKET CORP.			
DOING BUSINESS	A POST 201 T	TAVERN			
ADDRESS 49 MAR	KET STREET				
CITY/TOWN: IPS	WICH	STATE: MA	ZIP COD	DE: 01938	
MANAGER: KNC	OWLTON,	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
RESTROOMS. CEL	LAR WITH BO	R; FIRST FLOOR;HALL, DCCE COURT AND FUI DING, ONE CELLAR			
I hereby certify and	swear under pen	alties of perjury that:			
1. the renew	ved license will l	be of the same type for the	e same premise	s now licensed;	
2. the licens	see has complied	l with all laws of the Com	monwealth rela	ating to taxes; and	
3. the premi	ises are now ope	en for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICAT	
Acts of 2004, signe	d by the building	re are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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LICENSE NUMBER:	056600055		CI	TY OR TOW	N IPSWICH	
APPLICATION FOR	RENEWAL:	Annu		LICE	ENSED FOR 20	
LICENSEE NAME: DOING BUSINESS A ADDRESS 280 ARG	A THE INN AT CAS					YEAR
CITY/TOWN: IPSW	'ICH	STATE:	MA	ZIP CODE:	01938	
MANAGER: Pincia	ro, Peter J. TYP	E OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF L MAIN INN: THREE I EXITS ON SIDE ANI ROOMS, 3RD FLR'5	FLOORS; 1ST FLR; D BACK, PLUS DII ROOMS	; 8 ROOMS, I RECT EXITS	FROM 2N			
2. the license	d license will be of the has complied with the are now open for the	he same type all laws of the	for the same Common	wealth relatin		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHONE		<i>.</i>	(Note: NOT	/ER IDENTIFICAT	ecurity Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and tl	he head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			OCAL LICE By:	NSING AUTHO	ORITY
DATE:			-			



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LICENSE NUMBER: 056	5600056		CITY	OR TOWN	IPSWICH	
APPLICATION FOR RE	NEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	}			YEAR
LICENSEE NAME: ITI	HAKI INC.					
DOING BUSINESS A	ΓΗΑΚΙ RESTAU	URANT				
ADDRESS 25 HAMMAT	ΓT STREET					
CITY/TOWN: IPSWICE	Н	STATE:	MA ZI	P CODE:	01938	
MANAGER: MARKOI PETROS	POULOS, TYP	PE OF LICENSI	E: Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		_
DESCRIPTION OF LICE						
ONE STORY STRUCTU COUNTER AREA. KITO						ERVICE
I hereby certify and swear	r under penalties	of perjury that:				
1. the renewed lie	cense will be of	the same type fo	r the same p	remises nov	v licensed;	
2. the licensee ha	s complied with	all laws of the C	Commonwea	alth relating	to taxes; and	
3. the premises a	re now open for	business (If not	explain belo	ow)		
SIGNED BY						
Inc	dividual, Partner	or Authorized (Corporate Of	fficer		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building ins	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBER: 056600058		CITY OR TOWN	IPSWICH			
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013		
	CLASS			YEAR		
LICENSEE NAME: THE MANSION CLU	JB AT TURNER H	ILL,INC.				
DOING BUSINESS A						
ADDRESS 3 Manor House Rd						
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE:	01938			
MANAGER: TALBOT, ROBERT TYPE	OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM.	AIL ADDRESS		I		
DESCRIPTION OF LICENSED PREMISES	3:					
GROUND FLOOR OF MANSION CONSISTS OF A LOBBY VESTIBULE NINE FUNCTION AND PARLOR ROOMS, THREE LAVATORIES, KITCHEN AND STORAGE ROOMS.						
I hereby certify and swear under penalties of	periury that:					
1. the renewed license will be of the		same premises now	licensed;			
2. the licensee has complied with all	l laws of the Comm	onwealth relating to	taxes; and			
3. the premises are now open for bu	siness (If not explain	in below)				
SIGNED BY		O.S.				
Individual, Partner or	Authorized Corpor	rate Officer				
DATE: TELEPHONE		EMBI OVER	IDENTIFICAT	ION NUMBER:		
TELEPHONE I	NUMBER:	(Note: NOT Ind				
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license of 2010.	ector and the head	of the fire departs	nent for the	above		
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 056600060	CI	ΓY OR TOWN	IPSWICH	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: ZABAGLIONE, INC				
DOING BUSINESS A ZABAGLIONE CAFE				
ADDRESS 1 MARKET ST				
CITY/TOWN: IPSWICH STA	ATE: MA	ZIP CODE:	01938	
MANAGER: ELPIDOFOROS, TYPE OF I MICHAEL	LICENSE: Restaur	rant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
PREMISES ARE UNIT 1 TYLER BLOCK CONSTREET AND A REAR ENTRANCE TO THE		AIN ENTRANC	E ONTO MA	ARKET
I hereby certify and swear under penalties of perju	ury that:			
1. the renewed license will be of the sam	• •	-		
2. the licensee has complied with all laws		C	taxes; and	
3. the premises are now open for busines	ss (If not explain b	elow)		
SIGNED BY Individual, Partner or Auth	norized Cornerate	Officer		
murvidual, rattler of Auti	norized Corporate	Officer		
DATE: TELEBRIONE NUM	TDED.	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE NUM	IBEK:	(Note: NOT Ind		
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head of	the fire departr	nent for the	above
Please Check Below:	L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:		OCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			ING AUTHO	DRITY
APPROVED:			ING AUTHO	ORITY
APPROVED: DISAPPROVED:			ING AUTHO	ORITY



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LICENSE NUMBER: 0566000)61	CITY OR TOWN IPSWICE	l
APPLICATION FOR RENEW	/AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ZABAC	JLIONE,INC.		
DOING BUSINESS A ZABA	GLIONE CAFE		
ADDRESS 1 MARKET STRE	EET		
CITY/TOWN: IPSWICH	STATE: MA	ZIP CODE: 01938	
MANAGER: ELPIDOFORO MICHAEL	OS, TYPE OF LICENSE: RO	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
		RKET ST IPSWICH, MA. IT H AR ENTRANCE TO THE PAR	
I hereby certify and swear unde	er penalties of perjury that:		
1. the renewed license	will be of the same type for th	e same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Com	nmonwealth relating to taxes; and	I
3. the premises are no	w open for business (If not exp	lain below)	
SIGNED BY			
Individu	ual, Partner or Authorized Corp	oorate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the b	ouilding inspector and the hea	he certificate required by Chap nd of the fire department for th urance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:			



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LICENSE NUMBER: 0566	00063		C	TTY OR TO	OWN	IPSWICH	
APPLICATION FOR REN	EWAL:	Annu	ıal	L	ICENS	ED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: MED	OUSA CORP.						
DOING BUSINESS A ZA	BAGLIONE R	ISTORANTE	3				
ADDRESS 10 CENTRAL	STREET						
CITY/TOWN: IPSWICH		STATE:	MA	ZIP COD	E:	01938	
MANAGER: ELPIDOFO MICHAEL	· · · · · · · · · · · · · · · · · · ·	E OF LICEN	SE:Resta	urant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICEN							
SMALL OPEN KITCHEN ENTRANCE AND ONE R				SEATS. O	NE FR	ONT DOO	R
I hereby certify and swear u	nder penalties	of perjury tha	ıt:				
1. the renewed lice	nse will be of t	the same type	for the sa	me premises	s now l	icensed;	
2. the licensee has	complied with	all laws of the	e Commo	nwealth rela	iting to	taxes; and	
3. the premises are	now open for	business (If n	ot explain	below)			
SIGNED BY							
Indiv	vidual, Partner	or Authorized	d Corpora	te Officer			
DATE:	TELEPHONI	E NUMBER:					TION NUMBER:
				(Note: NO	OT Indi	vidual Social S	Security Number)
We the undersigned, atterdates of 2004, signed by the named license and (2) the of 2010.	e building ins	pector and tl	ne head o	f the fire de	epartn	ent for the	e above
Please Check Below:				LOCAL LI	CENSI	NG AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
				-			
DATE:							



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LICENSE NUMBE	R: 056600068		CITY OR TOWN	IPSWICH	
APPLICATION FO	OR RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: RSKS, INC.				
DOING BUSINESS	S A SPICE THAI K	CITCHEN			
ADDRESS 15 DEP	OT SQ				
CITY/TOWN: IPS	SWICH	STATE: MA	ZIP CODE:	01938	
MANAGER: CHI	EN, JING T	YPE OF LICENSE:R	estaurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
		ONT AND REAR EX NING ROOM ONTO	ITS. A40 SEAT REST 17DEPOT SQUARE.	'AURANT.	FRONT
I hereby certify and					
1. the renev	wed license will be	of the same type for th	e same premises now l	icensed;	
2. the licen	see has complied w	ith all laws of the Con	nmonwealth relating to	taxes; and	
3. the prem	iises are now open f	For business (If not exp	olain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE					
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		ION NUMBER:
			(10te. <u>1401</u> mar	riduai Sociai So	ecurity Number)
Acts of 2004, signe	ed by the building	inspector and the he	he certificate required ad of the fire departm surance required by C	ent for the	above
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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LICENSE NUMBER: 056600	1069	CITY OR TOWN IPSWIC	CH
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: Greek	Orthodox Community of Ipsw	rich	
DOING BUSINESS A Helle	nic Center		
ADDRESS 117 County Rd			
CITY/TOWN: IPSWICH	STATE: M	XA ZIP CODE: 01938	
MANAGER: DELISLE,RIC D	CHAR TYPE OF LICENSE:	Restaurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
-	-	weddings and other functions. O e room and four rear entrances.	ne main front
I hereby certify and swear und	_		
1. the renewed licens	e will be of the same type for	the same premises now licensed:	;
2. the licensee has co	mplied with all laws of the Co	ommonwealth relating to taxes; a	nd
3. the premises are no	ow open for business (If not e	xplain below)	
SIGNED BY			
Individ	lual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFI	
		(Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, signed by the	building inspector and the h	the certificate required by Ch lead of the fire department for nsurance required by Chapter	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	:056600070		CITY OR	. IOWN	IPSWICH	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS	A	oldings, LLC				
ADDRESS 30 South	Main ST					
CITY/TOWN: IPSV	VICH	STATE: M	A ZIP C	ODE:	01938	
MANAGER: Mayo	, Thomas M T	TYPE OF LICENSE:	General on premise	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOU	IR EMAIL ADDRESS			_
DESCRIPTION OF I	LICENSED PREM	MISES:				
2 1/2 story building w	vith basement. Ma	in entrance on south	main and seco	ond on el	m st.	
I hereby certify and s	wear under penalt	ies of perjury that:				
1. the renewe	ed license will be	of the same type for	the same prem	iises now	licensed;	
2. the license	ee has complied w	rith all laws of the Co	ommonwealth	relating t	to taxes; and	
3. the premis	es are now open	for business (If not e	xplain below)			
SIGNED BY	Individual, Part	ner or Authorized Co	orporate Office	er		
DATE:	TELEPHO	ONE NUMBER:				FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the h	ead of the fir	e depart	ment for the	above
Please Check Below:				LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved expla	 in)					
(== assupproved explu	,					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED B	Y LICENSEES DURING TH	E MONTH OF NO	VEMBER (N	1.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	ER: 056600071		CITY OR TO	OWN IPSWICH	
APPLICATION FO	OR RENEWAL:	Annual	LI	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BREWERY FOOI	D GROUP, LLC			
DOING BUSINESS	S A THE IPSWICH	ALE HOUSE			
ADDRESS 2 SOF	FRON LANE				
CITY/TOWN: IPS	SWICH	STATE: MA	ZIP COD	E: 01938	
MANAGER: MA	RTIN, ROBERT TY	PE OF LICENSE: Ger pre	neral on mise	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS	9:	-		-	
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	1AIL ADDRESS		_
	F LICENSED PREMI				
	WITH ONE FRONT DISTRIBUTION CO	ENTRANCE AND E MPANY BUILDING	XIT. PUB AT	TACHED TO ME	ERCURY
I hereby certify and	swear under penaltie	s of perjury that:			
1. the rene	wed license will be of	the same type for the	same premises	s now licensed;	
2. the licen	see has complied with	h all laws of the Comn	nonwealth rela	ting to taxes; and	
3. the prem	nises are now open for	r business (If not expla	in below)		
SIGNED BY			0.00		
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:					
DATE.	TELEPHON	NE NUMBER:		OYER IDENTIFICAT OT Individual Social S	
			, <u></u>		reality (value of)
Acts of 2004, sign	ed by the building in	e in possession (1) the spector and the head f liquor liability insu	l of the fire de	epartment for the	above
of 2010.	(2) the certificate of	i iquoi iuomity iiisu	runce require	a by chapter 110	
Please Check Below:			LOCAL LIG	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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LICENSE NUM	BER: 056600072		CITY OR TOWN	IPSWICH		
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
DOING BUSINI		REENGROCER INC.				
CITY/TOWN:	IPSWICH	STATE: N	IA ZIP CODE:	01938		
MANAGER: I	LLOYD, DAVID	TYPE OF LICENSE	:Package Store CA	ATEGORY: Wine and Malt Regular		
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES: A RETAIL STORE APPROX. 1400 SQ FT IN SIZETHE RETAIL SPACE IS 1200 SQ FTTHE FOOD PREPARATION AREA IS IN THE REAR OF THE STORE & IS 200 SQ FTIT INCLUDES A MALL BEDROOM & AN 8 X 10 WALK IN COOLERTHERE ARE ALSO 3 SINKS IN THE FOOD PREPARATION AREA 1 IN THE DELI AREATHERE ARE THREE ENTRANCES AND EXITS2 OF THESES DOORS ARE AT THE FRONT OF THE STORE & OPEN TO MARKET STTHE THIRD DOOR IS LOCATED IN THE REAR OF THE STORE, IN THE FOOD PREP AREA THAT OPENS TO A HALL & THEM TO AN ALLEYTHE CASH REGISTER STATION IS LOCATED IN BETWEEN THE 2 MARKET ST. DOORSTHERE ARE 3 CLOSETS, 1 IN RETAIL SPACE, 2 IN FOOD PREP AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)						
SIGNED BY	Individual, Pa	rtner or Authorized C	orporate Officer			
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:		
Please Check Below APPROVED: [DISAPPROVED] (If disapproved 6	D:		LOCAL LICENS By:	SING AUTHORITY		
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 056600073		CITY OR TOWN	IPSWICH	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CUMBERLAND	FARMS OF MASS	SACHUSETTS #6681		
DOING BUSINESS	A CUMBERLAN	D FARMS			
ADDRESS 66 TUR	NPIKE RD				
CITY/TOWN: IPS	WICH	STATE: M	A ZIP CODE:	01938	
	CARLO, T RMEN	YPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
			SINGLE SIDE ENTRA COOM STORAGE AR		AND
2. the licens	see has complied wi		the same premises now ommonwealth relating to explain below)		
SIGNED BY	Individual, Partn	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER: security Number)
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl					
DATE:					



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LICENSE NUMBER	R: 056600074		CITY OR TOWN	IPSWICH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CHRISTOPHER De	STEFANO		
DOING BUSINESS	A			
ADDRESS 5 DEPO	T SQUARE			
CITY/TOWN: IPS	WICH	STATE: MA	ZIP CODE:	01938
MANAGER: DeST	TEFANO, TYPI LISTOPHER	E OF LICENSE: R	estaurant C	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMISI			
	AND REATAIL AREAT LEVEL FOR STOR		VEL WITH STORA	GE AND FOOD
I hereby certify and s	swear under penalties o	of perjury that:		
	ved license will be of the		=	
	ee has complied with a		_	to taxes; and
3. the premi	ses are now open for b	ousiness (If not exp	lain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed	d by the building insp	pector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved expla	a111 <i>)</i>			
DATE:				